



**APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE**  
 (Under Provisions of Chapter 35, Title 38, U.S.C.)

**IMPORTANT:** See Attached Information and Instructions.

INTERNET VERSION AVAILABLE - You may complete and send your application on-line at: [www.gibill.va.gov](http://www.gibill.va.gov)

**PART I - APPLICANT INFORMATION**

1. SOCIAL SECURITY NUMBER OF APPLICANT - -		2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3. APPLICANT'S DATE OF BIRTH Month Day Year - -	
4. NAME OF APPLICANT (First, Middle, Last)					
5. APPLICANT'S ADDRESS Number and Street Apt./Unit Number City, State, ZIP Code					
6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code) Primary: Secondary:					
6B. APPLICANT'S EMAIL ADDRESS (If applicable)					
7. RELATIONSHIP OF APPLICANT TO QUALIFYING INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD					

**PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY**

8. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (First, Middle, Last)					
9. SOCIAL SECURITY NUMBER - -		10. VA FILE NUMBER (If known)		11. BRANCH OF SERVICE	
12. DATE OF BIRTH Month Day Year - -		13. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. Month Day Year - -		14. IS THE INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED ON ACTIVE DUTY? (PL 109-461) <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING**

15. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary) <input type="checkbox"/> COLLEGE OR OTHER SCHOOL <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT <input type="checkbox"/> LICENSING OR CERTIFICATION TEST <input type="checkbox"/> CORRESPONDENCE COURSE (Spouse or surviving spouse only)	
16. PLEASE PROVIDE FULL NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY, IF KNOWN Name Number and Street City, State, ZIP Code	
17. PLEASE SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN (E.G. Bachelor of Arts in Accounting, Welding Certificate, Police Officer)	<b>VA DATE STAMP</b> (Do Not Write in This Space)
18. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOL OR TRAINING? Month Day Year - -	

**PART IV - SPECIAL INFORMATION CONCERNING APPLICANT**

19. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?  
 YES  NO

20. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? *(See Instructions)*  
 YES  NO

21. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? *(See Instructions)*  
 YES  NO

22. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?  
 YES  NO

23. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

NOTE - Complete Item 24 **only** if you are the civilian employee of the U.S. Government.

24. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? *(If you check "Yes," show the source of these funds in Item 24B)*  
 YES  NO

24B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

25. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR, OR RECEIVED, ANY OF THE FOLLOWING VA BENEFITS? *(Check applicable box(es))*

- |   |  |
|---|--|
| A. <input type="checkbox"/> DISABILITY COMPENSATION OR PENSION  | E. <input type="checkbox"/> SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE <i>(Complete Items 26 and 27)</i> |
| B. <input type="checkbox"/> DEPENDENTS' INDEMNITY COMPENSATION (DIC)  | F. <input type="checkbox"/> NONE   |
| C. <input type="checkbox"/> VOCATIONAL REHABILITATION BENEFITS  | G. <input type="checkbox"/> OTHER <i>(Specify)</i>   |
| D. <input type="checkbox"/> VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE <i>(Specify benefit)</i> |  |

**IMPORTANT:** Complete Items 26 and 27 **only** if you check "E" in Item 25.

26. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

27. VETERAN'S SOCIAL SECURITY OR FILE NUMBER

28. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

29. DO YOU OR THE INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING WARRENT?  
 YES  NO

**PART V - APPLICANT'S MILITARY SERVICE INFORMATION**

*(NOTE: Chapter 35 benefits are not payable while an eligible person is on active duty)*

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? *(Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part VI)*  
 YES  NO

**31. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY**  
*(Please complete Items 31A through 31D for each period of your active duty)*

A. DATE ENTERED ACTIVE DUTY			B. DATE SEPARATED FROM ACTIVE DUTY			C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT			D. CHARACTER OF DISCHARGE		
Month	Day	Year	Month	Day	Year						
-	-	-	-	-	-						
Month	Day	Year	Month	Day	Year						
-	-	-	-	-	-						

**PART VI - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT**

**A. EDUCATION AND TRAINING**

32A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 32B

<input type="checkbox"/> GRADUATED FROM HIGH SCHOOL	<input type="checkbox"/> DISCONTINUED HIGH SCHOOL	32B. DATE Month    Day    Year -       -       -
<input type="checkbox"/> EXPECT TO GRADUATE	<input type="checkbox"/> GED	
<input type="checkbox"/> NEVER ATTENDED HIGH SCHOOL		

**33. EDUCATION *(Include all apprenticeships and on-the-job training)***

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL <i>(City and State)</i>	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
HIGH SCHOOL						
COLLEGE						

33. EDUCATION (Include all apprenticeships and on-the-job training) (Continued)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
VOCATIONAL OR TRADE						
OTHER						

**B. EMPLOYMENT**

34. CURRENT AND PAST EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED	LICENSE OR RATING

**PART VII - ELECTION (CHILD ONLY)**

**IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits beginning on the following date:

35. DATE OF ELECTION  
 Month      Day      Year  
 -              -              -

36. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to include your name and Social Security Number on each additional paper you include)

36. REMARKS (Continued)

**APPLICATION SUBMISSION REMINDERS AND INFORMATION**

Did you remember to:

- Write your Social Security Number on Each Page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. copy of birth certificate, marriage license, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION IN ITEMS 42A AND 42B.

**THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT [WWW.GIBILL.VA.GOV](http://WWW.GIBILL.VA.GOV).**

37. IF YOU WOULD LIKE TO RECEIVE A PRINTED PAMPHLET, CHECK THIS BOX

**PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

38A. SIGNATURE OF APPLICANT (*Do NOT Print*)

38B. DATE SIGNED

SIGN HERE  
IN INK 

**PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN**  
*(This section must be completed by the parent, guardian, or custodian if the applicant is a minor)*

39. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (*First, Middle Initial, Last*) (*Type or print*)

40. MAILING ADDRESS OF PARENT, GUARDIAN OR CUSTODIAN

- Number and Street
- Apt./Unit Number
- City, State, ZIP Code

41. TELEPHONE NUMBERS OF PARENT, GUARDIAN, OR CUSTODIAN (*Include Area Code*)

Primary:

Secondary:

41B. EMAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (*If Applicable*)

42A. SIGNATURE OF: (*Check one*) (*Do Not Print*)

- PARENT
- GUARDIAN
- CUSTODIAN

42B. DATE SIGNED

SIGN HERE  
IN INK 

(Please detach at perforation and retain this information for future reference)

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION  
FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE**

This form is available on the Internet. We suggest that you file your application by going to [www.gibill.va.gov](http://www.gibill.va.gov) and submitting your application electronically. Select "ElectronicApplicationForm."

If you submit your application electronically, VA will automatically transfer your application to the Regional Processing Office that handles your claim. See HOW TO FILE YOUR CLAIM for additional information on sending any supporting documentation and where to mail your completed paper application.

**SPECIFIC INSTRUCTIONS**

**NOTE: The number on the instructions match the item numbers on this application. Items not mentioned are self-explanatory.**

DO NOT USE THIS FORM TO APPLY FOR VETERANS' EDUCATION ASSISTANCE (chapters 30, 32, 33, 1606, or 1607) or VOCATIONAL REHABILITATION BENEFITS (chapter 31). These benefits require different application forms. Use VA Form 22-1990 to apply for Veterans' Education Assistance. This form is available at [www.gibill.va.gov](http://www.gibill.va.gov). Use VA Form 28-1900 to apply for Vocational Rehabilitation benefits See <http://va.benefits.vba.va.gov/vonapp/main.asp> for the Veterans On-Line Application for this form. These forms are also available at your nearest VA regional office and may be available where you received this application.

**ITEM 7.** To qualify for Survivors' and Dependents' Educational Assistance you must be either:

- (1) the spouse or child of a veteran who is permanently and totally disabled as the result of a service-connected disability;
- (2) the spouse or child of an individual on active duty who has been listed for a total of more than 90 days as missing in action, captured in line of duty by a hostile force, forcibly detained or interned in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, or;
- (3) the surviving spouse or child of a veteran who died of a service-connected disability or who died while a service-connected disability was rated permanent and total in nature.
- (4) the spouse or child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services, or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the serviceperson is likely to be discharged or released from such service for such disability.

Eligibility for Survivors' and Dependents' Educational Assistance will be terminated in the event that VA determines that the veteran on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

**NOTE:** "Child" includes adopted children and stepchildren who are members of the veteran's or individual's household. Married children are eligible for this benefit.

The period of eligibility for a child is generally between the ages of 18 and 26 years. In certain instances, it is possible to begin training before age 18 and to continue after age 26.

**ITEM 10.** VA may have assigned the veteran or individual an eight-digit file number. If you know this number, write it in the space provided.

**ITEM 15.** Self-explanatory, except for the following items:

Check the "Licensing or certification test" block if you want reimbursement for a licensing or certification test. A licensing test is a test offered by a state, local, or federal agency which is required by law to practice an occupation. A certification test is a test designed to provide an affirmation of an individual's qualification in a specific occupation.

The best way to claim the benefit is for the individual to send VA a copy of his or her test results with a note or a VA Form 21-4138,

Statement in Support of Claim, stating that they are requesting reimbursement. The claimant should include:

- (1) The name of the test taken
- (2) The name and address of the organization issuing the license or certificate (not necessarily the organization that administered the test)
- (3) The date the test was taken
- (4) The cost of the test
- (5) The following (signed) statement: "I authorize release of my test information to VA."

Check the "National admission exams or national exams for credit" block if you want VA to reimburse you for the fee you paid for taking one or more national tests. National tests for admission to institutions of higher learning include the following: the Scholastic Aptitude Test, Law School Admission Tests, Graduate Record Exam, or the Graduate Management Admission Test. National tests providing an opportunity for course credit at institutions of higher learning include the following: The Advanced Placement Exam and the College-level Examination Program.

**NOTE ON CORRESPONDENCE TRAINING:** Only spouses and surviving spouses may receive benefits for correspondence training. If you plan to enroll in a correspondence course or a combination correspondence-residence course, be sure the field of study is suitable to your abilities and interest before you sign a contract with the school. Information on correspondence courses is available at the nearest U.S. Veterans Assistance Center or VA Regional Office. The correspondence school may require you to pay for all or the majority of the course even though you complete only a portion of it. Unlike other VA training programs, payments for correspondence courses are made quarterly, after VA receives your certification showing the number of lessons you completed during the previous quarter. You must affirm a contract for enrollment in a correspondence course after at least 10 days following the date you sign the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

**ITEMS 20 and 21.** Any eligible person may receive Special Restorative Training or Specialized Vocational Training, if a VA counselor determines that a specialized program is needed to overcome the effects of a physical or mental handicap. To be eligible, the disability must prevent you from pursuing an educational program. Examples of Special Restorative Training include speech and voice correction, language retraining, lip reading, auditory training, Braille reading and writing, or other similar training. Specialized Vocational Training consists of specialized courses leading to a vocational objective. This objective must be suitable for you and required because of a physical or mental handicap.

**NOTE:** You will not be eligible to receive benefits for any period for which you or the veteran or individual on whose account you are claiming benefits has an outstanding felony warrant. Any benefits paid to you for such a period will be an overpayment subject to collection.

**ITEM 22 and 23.** A spouse may use educational benefits during the 10-year period after eligibility is found. A surviving spouse may use these benefits during the 10-year period following the veteran's death or 10 years after VA determines the veteran's death was caused by a service-connected disability. The eligibility period

## SPECIFIC INSTRUCTIONS (Continued)

is 20 years for a surviving spouse if the veteran's death was in service. Eligibility will terminate in the event a spouse is divorced from the veteran or in the event a surviving spouse is remarried, unless the remarriage is both after the surviving spouse's 57th birthday and after January 1, 2004.

**NOTE:** A surviving spouse who terminates a remarriage may re-establish eligibility, but will not qualify for an extension of the ten-year or twenty-year eligibility period.

**ITEM 25.** If you received education benefits under a law VA administers, such as the Montgomery GI Bill Educational Assistance Program, the Montgomery GI Bill Selected Reserve Educational Assistance Program, the Reserve Educational Assistance Program, or Post 9/11 GI Bill, specify which benefit in this block.

**ITEM 25C.** Check the "Vocational Rehabilitation Benefits" block if you applied for VA education benefits as a disabled veteran.

**ITEM 25E.** Check the "Survivors' and Dependents' Educational Assistance" block if you have previously applied for benefits as the dependent of a veteran other than the veteran or individual on whose account you are currently claiming benefits.

**ITEM 25F.** Check the "None" block if you have never previously applied for VA education benefits.

**ITEM 13G.** Check the "Other" block if you previously applied for VA benefits other than any of those specified in Items 25A through 25F.

**ITEMS 26 and 27.** If you previously applied for VA benefits as the dependent child or spouse of an individual who is permanently and totally disabled due to service-connected disabilities or who died on active duty, provide the name of the individual (your parent or spouse) and the Social Security Number or the VA file number for this person in the space provided.

**ITEM 30.** Benefits under this program are not payable while an eligible person is serving on active duty in the Armed Forces.

**ITEM 32.** A child who is under 18 and has not completed high school must have his or her program of education or training approved by a VA counselor before educational assistance benefits can be authorized. An eligible person who has not received a high school diploma or its equivalent can pursue approved secondary-level programs. An eligible person can also pursue refresher, remedial, or deficiency courses needed for admission into an education program.

**ITEM 34.** If you have ever held a license to practice a profession or journeyman rating to work at a trade, state the name of the license or journeyman rating and the state in which the license was held in the space marked "License or Rating." We only use this information if you apply for benefits for a similar program. Examples of a license include the following: electrician, CPA, teacher, lawyer, and bricklayer. Use Item 36, "Remarks," if you need more space.

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE.** If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you. Services include educational and vocational guidance and testing to help you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA Toll Free at:

**1-800-827-1000**

**or TDD 1-800-829-4833**

**ITEM 35.** Your election to receive Survivors' and Dependents' Educational Assistance is final and cannot be changed. This means that payments of compensation, pension, or Dependents' Indemnity Compensation (DIC) based on school attendance after your 18th birthday are prohibited once you cash your first benefit check under

this chapter. If you are planning to pursue a program of education for longer than 45 months, you may find it to your advantage to defer benefits and continue compensation, pension, or DIC payment for the present. If it appears that a deferral of benefits might be to your advantage, we strongly recommend that you discuss with a VA counselor the various options open to you. However, if it does not appear that a referral would be to your advantage, indicate the date from which you wish to receive Survivors' and Dependents' Educational Assistance.

**ITEM 37.** VA publishes Pamphlet 22-73-3, Summary of Educational Benefits Under the Survivors' and Dependents' Educational Assistance Program, Chapter 35 of Title 38, U.S.C., an information pamphlet for this benefit. You should have received this pamphlet with your application. If you check "YES," VA will send you one. You may also request a pamphlet from the person who furnished your this application.

## GENERAL INSTRUCTIONS

**ADVANCE PAYMENT** - Once you have enrolled in an approved course, you may receive an advance payment for the first month (or part of a month) and second month of enrollment if ALL the following conditions are met:

- You are enrolled on at least a half-time basis, **and**
- Your school has agreed to receive and process advance payment checks for delivery to it students, **and**
- You request advance payment by signing a request block on the enrollment certification your school sends to us, **and**
- VA receives your enrollment certification at least 30 days before classes start

**NOTE:** If we do not pay an advance payment, we will pay you after each month you attend school. In some cases, VA will require you to verify your enrollment each month before you receive payment.

**IMPORTANT:** Additional requirements set by law may prevent us from making an advance payment.

**HELP:** If you need help in completing this application, call VA TOLL FREE at **1-888-GI-BILL-1 (1-888-442-4551)**. If you are hearing impaired, call us toll-free at **1-800-829-4833**. Our education Internet site ([www.gibill.va.gov](http://www.gibill.va.gov)) is available to help you.

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., awards of benefits) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits allowable under the law. While you do not have to respond, VA cannot process your claim for benefits unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38 U.S.C. allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

## HOW TO FILE A COMPLETED PAPER APPLICATION

If you have:

**(A) selected a school or training establishment,**

- **Step 1:** Mail the completed form to the VA Regional Processing Office in the region of that school's physical address. Check below for the post office box address for these offices.
- **Step 2:** Notify the VA certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your attendance information using VA Form 22-1999, Enrollment Certification, or its electronic version.
- **Step 3:** Wait for VA to process your application and notify you of our decision concerning your eligibility for education assistance.

**(B) not selected a school or training establishment,**

- **Step 1:** Mail the completed form to the VA Regional Processing Office in the region of your home address. Check below for the post office box address for these offices.
- **Step 2:** Wait for VA to process your application and notify you of our decision concerning your eligibility for education assistance.

## HOW TO FILE A COMPLETED ELECTRONIC APPLICATION

If you completed your application electronically, VA furnished you with the following: (1) a unique confirmation number for your individual claim and (2) the address of the VA office (Education Regional Processing Office) that will process your claim. You need to write this information down and keep it in a safe location.

If you have:

**(A) selected a school or training establishment,** follow the same action as shown in (A), step 2, above.

**(B) not selected a school or training establishment,** wait for VA to process your application and notify you of our decision concerning your eligibility for educational assistance.

<b>Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616</b>			
<b>SERVES THE FOLLOWING STATES</b>			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools

<b>Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830</b>			
<b>SERVES THE FOLLOWING STATES</b>			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY

<b>Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888</b>			
<b>SERVES THE FOLLOWING STATES</b>			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	Philippines
TX	UT	WA	

<b>Southern Region: VA Regional Office P. O. Box 10022 Decatur, GA 30031-7022</b>			
<b>SERVES THE FOLLOWING STATES</b>			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands